



WASTE DISPOSAL VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

Phone: 701-328-5166 Fax: 701-328-5200 Website: www.health.state.nd.us

SFN-51098 (07/02)

FOR STATE USE ONLY:

File:

County:

Please read the Department's Waste Disposal Variance Guideline before completing the variance application. In addition, applicable portions of the state solid waste management regulations should be referenced in completing the applications. The source, type, and characteristics of your waste will determine which rules apply. Applications must be thorough and complete to be considered. A written Waste Disposal Variance must be received from the Department before disposal may begin. Please call the Department's Solid Waste Program at (701) 328-5166 to coordinate your application with a Department staff member.

A. Waste Description

Waste Source:			
Waste Type:			
Approximate Volume:			
General Geographic Location:			
Legal Description:	County:	Section:	Township: Range:
Responsible Party:		Home Telephone:	
Address (Street/Box):			
City:	State:	Zip Code:	Telephone:

B. Proposed Waste Disposal Location

of Section:		Township:	Range:	County:
Total Acreage:				
Property Owner:				
Street/Box:				
City:	State:	Zip Code:	Telephone:	
Present Land Use:				
Future Land Use:				

C. Contractor for Waste Disposal

Name:	Contact:
Street/ Box:	City, State, Zip Code:
Telephone:	Mobile Telephone:
Equipment Used for Waste Disposal:	

D. Maps

Indicate which maps accompany the application (see Instructions in <u>Disposal Site Selection</u> of guideline):			
<input type="checkbox"/> Published Soil Survey Map	<input type="checkbox"/> Unpublished Soil Survey Map	<input type="checkbox"/> CFSA Map	<input type="checkbox"/> Topographic Map

E. Disposal Site and Soil Characteristics

Site Slope (percent):
Distance to Surface Water (feet):
Depth to Seasonal High Water Table (feet):
Soil Type and Texture:

F. Disposal Site Design

Base Grade:
Liner Design:
Final Cover Design:
Leachate Collection System (if applicable):
Enclose Diagrams of These Components — Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No

G. Supplemental Application Form

Indicate which supplemental forms are completed and attached to the application: <input type="checkbox"/> Application for Open Burn Variance <input type="checkbox"/> Notification of Demolition and Renovation
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H. Local Zoning Approval

Waste disposal must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township, or city) to determine inert waste disposal compliance with zoning ordinances. A representative of the local zoning jurisdiction <u>must</u> sign the application.		
I, the undersigned, certify that waste disposal at the location described on this application does not conflict with local zoning ordinances.		
_____ Signature	_____ Print Name/Title	_____ Date of Signature
_____ (Zoning Jurisdiction)	_____ Print Name/Title	_____ Date of Signature

I. Signatures

Signatures are required by the following: the party responsible for the waste and/or owner of the property scheduled for demolition, the contractor, and owner of the waste disposal site.		
Party Responsible for Waste: The waste and/or the structure scheduled for demolition has been inspected. Prohibited waste or materials described in the Department's Waste Disposal Guideline will not be disposed and/or will be removed from the structure prior to demolition.		
_____ Signature	_____ Print Name/Title	_____ Date of Signature
Contractor: The waste disposal site will be operated and closed according to the Department's Waste Disposal Variance Guideline.		
_____ Signature	_____ Print Name/Title	_____ Date of Signature
Disposal Site Owner: A Notification of Waste Disposal will be filed with the County Register of Deeds. The Notification will be completed according to the Department's Waste Disposal Variance Guideline. Closed solid waste management units may not be used for cultivated crops, heavy grazing, buildings, or any other use which might disturb the protective vegetative and soil cover. The Department will be provided with a certified copy of the notice within thirty (30) days of filing.		
_____ Signature	_____ Print Name/Title	_____ Date of Signature

Mail this application and supplemental forms to:
ND DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
PO BOX 5520
BISMARCK ND 58506-5520